

# United Medical Resources (UMR) (UNITED, EFFECTIVE 10/2023)

## Autologous Chondrocyte Implantation—Pre-authorization Checklist

The following checklist reflects the minimum requirements that the plan will need at the time of pre-authorization. Failure to include all of this information in the pre-authorization request or failure to make sure that all 'no' answers are fully addressed in the pre-authorization request will significantly increase the likelihood that the pre-authorization request will be denied or significantly delayed.

Adult patient younger than 55 and growth plates have closed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Each individual lesion is: <ul style="list-style-type: none"> <li>greater than or equal to 2 cm<sup>2</sup></li> <li>a result of acute or repetitive trauma</li> <li>single or multiple full thickness (Outerbridge Grade III or IV) articular cartilage defect of the femoral condyle, trochlea, or patella</li> <li>surrounding cartilage equal or less than Outerbridge Grade II</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Patient failed to respond to all following conservative care: <ul style="list-style-type: none"> <li>NSAIDs &gt; 3 weeks</li> <li>PT or HEP &gt; 6 weeks</li> <li>activity modification &gt; 6 weeks with continuous symptoms after conservative care</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Knee is stable with intact menisci and ligaments	<input type="checkbox"/> Yes <input type="checkbox"/> No
Normal joint space and alignment confirmed by X-ray with minimal or no joint space involvement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confirm absence of all the following: <ul style="list-style-type: none"> <li>cartilage defects in locations other than the knee</li> <li>partial-thickness defects</li> <li>history of cancer of the bones, cartilage, fat or muscle of the treated limb</li> <li>osteoarthritis</li> <li>inflammatory diseases of the joint</li> <li>osteochondritis dissecans</li> <li>total meniscectomy</li> <li>growth plates have not closed</li> <li>instability of the knee</li> <li>infection</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**All 'no' answers must be fully addressed at time of pre-authorization.**

The reimbursement material contained in this guide represents our current (as of January 2024) understanding of the pre-authorization checklists reflected in various payer policies. Many of the topics covered in this guide are complex and all are subject to change beyond our control. Healthcare professionals are responsible for keeping current and complying with reimbursement-related rules and regulations. Nothing contained herein is intended, nor should it be construed as, to suggest a guarantee of coverage or reimbursement for any product or service. Check with the individual insurance provider regarding coverage. Providers should exercise independent clinical judgment when submitting claims to reflect accurately the services rendered to individual patients.